



STATE OF ARIZONA

ALL-HAZARDS COMMUNICATIONS UNIT TECHNICIAN (COMT) POSITION TASKBOOK

Position Task Book Assigned To:

Name _____ Title _____

Agency _____

Phone Number _____ Email _____

Position Task Book Initiated By:

Official's Name _____ Title _____

Agency _____

Phone Number _____ Email _____

Initiated:

Location _____ Date _____

Version: August 2012

<http://www.azpsic.gov/library/com/>

QUALIFICATION RECORD

VERIFICATION / CERTIFICATION OF COMPLETED TASK BOOK FOR THE POSITION OF ALL-HAZARDS COMT

FINAL EVALUATOR'S VERIFICATION

I verify that all tasks have been performed and are documented with appropriate initials. I also verify that _____ has performed as a trainee and should therefore be considered for certification in this position.

Final Evaluator's Signature _____ Date _____
Printed Name _____ Title _____
Agency _____
Phone Number _____ Email _____

AGENCY CERTIFICATION

I certify that _____ has met all requirements for qualification in this position and that such qualification has been issued.

Certifying Official's Signature _____ Date _____
Printed Name _____ Title _____
Agency _____
Phone Number _____ Email _____

INCIDENT MANAGEMENT SYSTEM POSITION TASK BOOK

Position Task Books (PTBs) were developed for designated positions as described under the National Interagency Incident Management System (NIIMS) and have been incorporated into the National Incident Management System (NIMS). The position task book is used by the authority having jurisdiction and the certifying agency that the person to whom the task book belongs meets the standards recommended by the National (NIMS) Integration Center (NIC).

Each PTB lists the performance requirements (tasks) for the specific position in a format that allows a trainee to be evaluated against written guidelines. Successful performance of all tasks, as observed and recorded by an evaluator, will result in a recommendation that the trainee be certified in that position.

Evaluation and confirmation of the individual's performance of all the tasks may involve more than one evaluator and can occur on incidents, in classroom simulations, and in other work situations. Designated PTBs require position performance during which the majority of required tasks are demonstrated on a single incident. It is important that performance be critically evaluated and accurately recorded by each evaluator. All tasks must be evaluated. All bullet statements within a task that require an action (contain an action verb) must be demonstrated before that task can be signed off.

A brief list of responsibilities appears below.

RESPONSIBILITIES:

1. **Agency Management** is responsible for:

- Selecting trainees based on the needs of their organization or area Incident Management Teams.
- Providing opportunities for evaluation and/or making the trainee available for evaluation.

2. The **Individual** is responsible for:

- Reviewing and understanding instructions in the PTB.
- Identifying desired objectives/goals.
- Providing background information to an evaluator.
- Satisfactorily demonstrating completion of all tasks for an assigned position within three years.
- Assuring the Evaluation Record is complete.
- Notifying local Agency Certifying Official when the PTB is completed and obtaining their signature.
- Keeping the original PTB in personal records.

3. The **Evaluator** is responsible for:

- Being qualified and proficient in the position being evaluated, or in a higher position.
- Meeting with the trainee and determining past experience, current qualifications, and desired objectives/goals.
- Reviewing tasks with the trainee.

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- Explaining to the trainee the evaluation procedures that will be utilized and which objectives may be attained.
 - Identifying tasks to be performed during the evaluation period.
 - Accurately evaluating and recording demonstrated performance of tasks. Dating and initialing completion of the task shall document satisfactory performance. Unsatisfactory performance shall be documented in the Evaluation Record.
 - Completing the Evaluation Record found at the end of this PTB.
4. The **Final Evaluator** is responsible for signing the verification statement inside the front cover of the PTB when all tasks have been initialed.
5. The **Agency Certifying Official** is responsible for:
- Issuing PTBs to document task performance.
 - Explaining to the trainee the purpose and processes of the PTBs as well as the trainee's responsibilities.
 - Tracking progress of the trainee.
 - Identifying incident evaluation opportunities.
 - Identifying and assigning a qualified evaluator that can provide a positive experience for the trainee, and making an accurate and honest appraisal of the trainee's performance.
 - Documenting the assignment.
 - Conducting progress reviews.
 - Conducting a close-out interview with the trainee and evaluator and assuring that documentation is proper and complete.
 - The Agency Certifying Official will then indicate qualification for the position by signing inside the front cover of the PTB.

A key component of the certification or re-certification process is the subjective evaluation by the Agency Certifying Official of an individuals' capability to perform in the position.

Completion of the required training and experience requirements alone does not guarantee that a trainee is qualified to perform in a position.

COMPETENCY 1: General

TASK	CODE	EVALUATION RECORD #	EVALUATOR
<p>1. Obtain and assemble information and materials needed for a response kit prior to receiving an assignment, including critical items needed for the assignment and items needed for functioning during the first 48 hours.</p> <p>The following items are suggested as basic information and materials kept in a go bag:</p> <p>Reference Materials</p> <ul style="list-style-type: none"> • Appropriate ICS forms and logs • Working knowledge of local TICP • Tactical Interoperable Communications Plan (TICP), if available • Inventories or other lists of local and regional communications response equipment • Preplanned local system coverage maps <p>Supplies</p> <ul style="list-style-type: none"> • Pads of paper, pencils, pens, and tape • Personal items (including medicine and cash), food and beverage to be self-sustained for 48 hours or more • Portable radio(s) as appropriate for the region • Radio programming equipment (cloning cable or computer), adapters, and suitable tools 	O		
<p>2. Establish and maintain positive interpersonal and interagency working relationships.</p> <ul style="list-style-type: none"> • Conduct self in a professional manner • Respectful and courteous • Respectful of public and private property 	O		
<p>3. Provide for the safety and welfare of assigned incident personnel during the entire period of supervision.</p> <ul style="list-style-type: none"> • Obtain the safety briefing. • Recognize potentially hazardous situations. • Inform subordinates of hazards. • Provide safety and identifying equipment, such as vests identifying the communications function, flashlights, and glow sticks. • Provide for security of information. • Ensure that special precautions are taken when extraordinary hazards exist. 	I		

Code: O = task can be completed in any situation (classroom, simulation, incident, daily job, etc.)

I = task must be performed on an incident, planned event, or full-scale exercise

COMPETENCY 2: Mobilization

TASK	CODE	EVALUATION RECORD #	EVALUATOR
<p>4. Obtain complete information from the public safety communications center(s) serving the area and incident upon initial activation, including:</p> <ul style="list-style-type: none"> • Incident name and, as appropriate, an order, request, or other unique number identifying the incident for tracking purposes • Reporting location • Reporting time • Transportation arrangements/travel routes • Contact procedures during travel (telephone/radio) 	I		
<p>5. Gather information to assess the incident assignment. This is an ongoing task throughout all phases of the incident. Include assigned resources in a draft Incident Radio Communications Plan (ICS Form 205). Examples of important information include:</p> <ul style="list-style-type: none"> • Frequencies and/or talkgroups already assigned • Other mutual aid channels or equipment already in use • Gateway or other interoperability devices already in use • Other current incidents or events that may create conflicts communications plans or tax resources 	I		
<p>6. Arrive at incident and check in. Arrive properly equipped at the assigned incident location within acceptable time limits.</p>	I		
<p>7. Obtain briefing from supervisor. Examples of briefing items are:</p> <ul style="list-style-type: none"> • Work space • Work schedule • Policies and operating procedures • Current resource commitments and expectations • Current situation • Expected duration of assignment • Special needs <p>This list is not all inclusive; COMT is responsible for asking adequate questions.</p>	I		
<p>8. Determine requirements for communications as directed by the COML.</p>	I		

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TASK	CODE	EVALUATION RECORD #	EVALUATOR
<p>9. Evaluate needs and order supplies, materials and personnel to keep/provide necessary communications, as required.</p> <ul style="list-style-type: none"> • Recommend to COML materials and supplies required. • Monitor levels of supplies and materials at a level to prevent shortage of any basic needed items. Report shortages to the COML. • Recommend adequate number of personnel to support the communications unit, technicians, technical specialists, etc. to the COML. • Assess current tactical communications equipment needs such as power sources for extended operations, report findings to the COML. 	I		
<p>10. Working with the COML, perform as the technical expert for communications needs.</p> <ul style="list-style-type: none"> • Determine the feasibility and required equipment/personnel to provide the required communications support. • Provide operational and technical information on communications equipment available for the incident. • Provide operational and technical information on communications equipment and systems capabilities and restrictions. 	I		
<p>11. Working at the direction of the COML, install or arrange for the installation of communications systems to meet incident operational needs.</p> <ul style="list-style-type: none"> • Through the COML, request any additional communications vendor services (e.g., telephone, satcom, microwave) and help identify costs associated with equipment. • Through the chain of command, document the locations for equipment to be installed (e.g., repeaters, satellite telephones, telephone lines, etc.). • Provide communications support for external and internal data operations. • Create/update diagrams of current communication system(s). • Assist the COML to determine optimal locations for any future expansion of communications equipment using topographical maps to evaluate elevation and separation needs. 	I		

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TASK	CODE	EVALUATION RECORD #	EVALUATOR
<p>12. Install, or provide for the installation of, communications equipment.</p> <ul style="list-style-type: none"> • Obtain equipment as needed. • Install and test all components of the communications equipment to ensure the incident's systems are operational, for example: <ul style="list-style-type: none"> ○ Repeaters ○ Links (radio and wire-based) ○ Remotes ○ Gateways ○ Telephones ○ FAX ○ Data ○ Aircraft and other special needs • In cooperation with the COML, develop installation priorities, while adhering to safety standards regarding communications needs of tactical personnel (i.e., operations before logistics). • Clone or program radios as necessary and authorized. 	I		
<p>13. Assign communications equipment.</p> <ul style="list-style-type: none"> • Provide resources and unit leaders with appropriate equipment based on the communications plan. • Provide basic training as needed on equipment being fielded. • Maintain equipment inventory to provide accountability. 	I		
<p>14. Assist the COML to initiate and maintain accurate records of all communications equipment.</p> <ul style="list-style-type: none"> • Maintain accountability system for issuing hand-held radio resources. • Document geographic locations of equipment and transfer this information to local maps (latitude/longitude, address, or access instructions). • Keep records for local and national resources to ensure return to proper locations. 	I		

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TASK	CODE	EVALUATION RECORD #	EVALUATOR
15. Monitor operational performance of communications systems throughout the duration of the incident. <ul style="list-style-type: none"> • Identify and take necessary action to accomplish minor field repair or place orders for replacement of equipment. • Monitor all gateways in use. • Plan for battery replacement. • Plan for generator refueling. • Act decisively to minimize interruptions in system operation. 	I		
16. Maintain a 214 for the COMT when required. Unit Log will be kept current, legible, and will document all major activities, which may include: <ul style="list-style-type: none"> • Equipment locations • Personnel changes 	I		

COMPETENCY 3: Demobilization

TASK	CODE	EVALUATION RECORD #	EVALUATOR
17. Demobilization and checkout. <ul style="list-style-type: none"> • Submit all required information to the COML. • Receive demobilization instructions from the COML. • Brief subordinate staff on demobilization procedures and responsibilities. • Ensure that incident and agency demobilization procedures are followed. • Complete required ICS form(s) and turn in to the appropriate person. • Ensure that personnel in the unit are demobilized correctly. • Document lost equipment on agency specific forms. 	I		

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INSTRUCTIONS FOR COMPLETING THE EVALUATION RECORD

There are four separate blocks allowing evaluations to be made. These evaluations may be made on incidents (may include pre-planned events and full-scale exercises), simulations in classroom, or in daily duties, depending on what the position task book indicates. This should be sufficient for qualification in the position if the individual is adequately prepared. If additional blocks are needed, a page can be copied from a blank task book and attached.

COMPLETE THESE ITEMS AT THE START OF THE EVALUATION PERIOD:

Evaluator's name, incident/office title, and agency: List the name of the evaluator, his/her incident position (on incidents) or office title, and agency.

Evaluator's home unit address and phone: Self explanatory

#: The number next to the evaluator's name in the upper left corner of the evaluation record identifies a particular incident or group of experiences. This number should be placed in the column labeled "Evaluation Record #" on the PTB for each task performed satisfactorily. This number will enable reviewers of the completed PTB to ascertain the qualifications of the different evaluators prior to making the appropriate sign-off on the PTB.

Location of Incident/Simulation: Identify the location where the tasks were performed by agency and office.

Incident Kind: Enter kind of incident (e.g., hazmat, wildland fire, structural fire, search and rescue, flood, preplanned event, full scale exercise, etc.).

COMPLETE THESE ITEMS AT THE END OF THE EVALUATION PERIOD:

Number and Type of Resources: Enter the number of resources and types assigned to the incident pertinent to the trainee's task book position.

Duration: Enter inclusive dates during which the trainee was evaluated.

Management Level: Indicate ICS organization level (i.e., Type 5, Type 4, Type 3, Type 2, Type 1, Area Command).

Recommendation: Check as appropriate and/or make comments regarding the future needs for development of this trainee.

Date: List the date the record is being completed.

Evaluator's initials: Initial here to authenticate your recommendations and to allow for comparison with initials in the PTB.

Evaluator's relevant certification: List your certification relevant to the trainee position you supervised.

EVALUATION RECORD

TRAINEE NAME_____
TRAINEE POSITION

#1	Evaluator's name: _____ Incident / office title & agency: _____			
Evaluator's home unit address & phone: _____				
Name and Location of Incident or Exercise (agency & area)	Incident Kind (hazmat, structural fire, wildland fire, search & rescue, flood, etc.)	Number & Type of Resources (pertinent to trainee's position)	Duration (inclusive dates in trainee status)	Management Level or Complexity Level
			to	
<p>The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named trainee. I recommend the following for further development of this trainee.</p> <p>_____ The individual has successfully performed all tasks for the position and should be considered for certification.</p> <p>_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.</p> <p>_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.</p> <p>_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a trainee.</p> <p>Recommendations: _____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date: _____ Evaluator's initials: _____</p> <p>Evaluator's relevant agency certification: _____</p>				

EVALUATION RECORD (CONTINUATION SHEET)_____
TRAINEE NAME_____
TRAINEE POSITION

#2

Evaluator's name: _____

Incident / office title & agency: _____

Evaluator's home unit address & phone: _____

Name and Location of Incident or Exercise (agency & area)	Incident Kind (hazmat, structural fire, wildland fire, search & rescue, flood, etc.)	Number & Type of Resources (pertinent to trainee's position)	Duration (inclusive dates in trainee status)	Management Level or Complexity Level
_____	_____	_____	_____ to _____	_____

The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named trainee. I recommend the following for further development of this trainee.

_____ The individual has successfully performed all tasks for the position and should be considered for certification.

_____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.

_____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.

_____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a trainee.

Recommendations: _____

Date: _____ Evaluator's initials: _____

Evaluator's relevant agency certification: _____

EVALUATION RECORD (CONTINUATION SHEET)

TRAINEE NAME

TRAINEE POSITION

#3	Evaluator's name: _____ Incident / office title & agency: _____
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Evaluator's home unit address & phone: _____

Name and Location of Incident or Exercise (agency & area)	Incident Kind (hazmat, structural fire, wildland fire, search & rescue, flood, etc.)	Number & Type of Resources (pertinent to trainee's position)	Duration (inclusive dates in trainee status)	Management Level or Complexity Level
			to	

The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named trainee. I recommend the following for further development of this trainee.

- _____ The individual has successfully performed all tasks for the position and should be considered for certification.
- _____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.
- _____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.
- _____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a trainee.

Recommendations: _____

Date: _____ Evaluator's initials: _____

Evaluator's relevant agency certification: _____

EVALUATION RECORD (CONTINUATION SHEET)

TRAINEE NAME

TRAINEE POSITION

#4	Evaluator's name: Incident / office title & agency:
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Evaluator's home unit address & phone:

Name and Location of Incident or Exercise (agency & area)	Incident Kind (hazmat, structural fire, wildland fire, search & rescue, flood, etc.)	Number & Type of Resources (pertinent to trainee's position)	Duration (inclusive dates in trainee status)	Management Level or Complexity Level
			to	

The tasks initialed & dated by me have been performed under my supervision in a satisfactory manner by the above named trainee. I recommend the following for further development of this trainee.

- _____ The individual has successfully performed all tasks for the position and should be considered for certification.
- _____ The individual was not able to complete certain tasks (comments below) or additional guidance is required.
- _____ Not all tasks were evaluated on this assignment and an additional assignment is needed to complete the evaluation.
- _____ The individual is severely deficient in the performance of tasks for the position and needs further training (both required & knowledge and skills needed) prior to additional assignment(s) as a trainee.

Recommendations: _____

Date: _____ Evaluator's initials: _____

Evaluator's relevant agency certification: _____